DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810

HOWARD COUNTY PERMIT APPLICATION

KOIN THE

PERMIT NUMBER

Building Address 13950 U	layerde Or	Property Owner's Name	and the first of the same	
Clarkswille ma 21029 Ad		Address		
Suite/Apt. #: SDP/WP/Pe	tition #:	10007		
Census Tract 605(0) Subdivision	Hanlord Hills		M.	
Section Area Distr 5 Lot 10		Home Phone Work Phone		
Tax Map Parcel _ 3 3 0	Grid	Applicant's Name & Mailing Address, (if	other than stated hereon):	
Zoning Map Coordinates	Zoning Map Coordinates Lot size		Phone Fax	
Existing Use Strade. Franch County Harry		Contractor Company OWSPET		
Proposed Use		Contact Person		
Description of Work 1/2 story Addition on craw		Address ,		
space 2 rooms 178 ocargarage				
a Front porch 1734 SeFt		City State Zip Code License No. Fax		
Occupant or Tenant		Engineer or Architect Company		
Contact Name Contact Name Contact Name		Contact Person		
City State Zip Code		Address		
Phone 3 1 3 Fax		City State Zip Code		
		Phone Fax		
BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL		
Building Characteristics	<u>Utilities</u>	Building Characteristics	<u>Utilities</u>	
Height:	Water Supply: Public	SF Dwelling SF Townhouse Depth Width	Water Supply: Public	
No. of stories:	Private	1st floor: Width	Private	
	Sewage Disposal: Public	2nd floor:	Sewage Disposal: Public	
Gross area, sq. ft. per floor:	Private	Basement: ∠5 X 34′ Finished Basement □ Unfinished Basement	Private	
	Electric Yes No	Crawl space □ Slab on Grade □	Electric Yes I No I	
Use group:	Gas Yes I No I	No. of Bedrooms Height:	Gas Yes □ No □	
'4		Multi-family dwellings: No. of efficiency units:	Heating System:	
Construction type:	Heating System:	No. of 1 BR units:	Electric Oil Oil	
Reinforced Concrete	Natural Gas □	No. of 2 BR units: No. of 3 BR units:	Natural Gas □ Propane Gas □	
Structural Steel	Propane Gas □			
Masonry Wood Frame	Sprinkler system: N/A □	Other Structure:	Sprinkler system: N/A NFPA #13D	
	Full	Footings: Roof Height:	NFPA #13R	
State Certified Modular	Partial Other Suppression		Other:	
State Certified Modular	# of Heads	State Certified Modular Manufactured Home		
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE O	SHE WILL PERFORM NO WORK ON THE ABOVE REFE	RENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APP	FISHE WILL COMPLY WITH ALL REGULATIONS OF LICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICE	
Applicant's Signature		Print Name	1905/	
Applicant's Signature Title/Company		7	1905/	
Title/Company	** PLEASE WRITE NE - FOR OFFI	Print Name Date F FINANCE OF HOWARD COUNTY EATLY AND LEGIBLY. ** CE USE ONLY		
Title/Company AGENCY DATE	** PLEASE WRITE N	Print Name Date F FINANCE OF HOWARD COUNTY EATLY AND LEGIBLY. ** CE USE ONLY DPZ SETBACK INFORMATION	N PROPERTY ID#:	
AGENCY DATE Land Development, DPZ	** PLEASE WRITE NE - FOR OFFI	Print Name Date F FINANCE OF HOWARD COUNTY EATLY AND LEGIBLY. ** CE USE ONLY DPZ SETBACK INFORMATION Front:	N PROPERTY ID#:	
AGENCY DATE Land Development, DPZ State Highways	** PLEASE WRITE NE - FOR OFFI	Print Name Date F FINANCE OF HOWARD COUNTY EATLY AND LEGIBLY. ** CE USE ONLY- DPZ SETBACK INFORMATION Front: Rear:	N PROPERTY ID#: Filing fee \$ Permit fee \$	
AGENCY DATE Land Development, DPZ State Highways Building Official	** PLEASE WRITE NE - FOR OFFI	Print Name Date F FINANCE OF HOWARD COUNTY EATLY AND LEGIBLY. ** CE USE ONLY- DPZ SETBACK INFORMATION Front: Rear: Side:	N PROPERTY ID#: Filing fee \$ Permit fee \$ Excise tax \$	
AGENCY DATE Land Development, DPZ State Highways Building Official Dev. Engineering, DPZ	** PLEASE WRITE NE - FOR OFFICE SIGNATURE APPROVAL	Print Name Date F FINANCE OF HOWARD COUNTY EATLY AND LEGIBLY. ** CE USE ONLY DPZ SETBACK INFORMATION Front: Rear: Side: Side St.:	N PROPERTY ID#: Filing fee \$_ Permit fee \$_ Excise tax \$_ Add'I per, fee \$_	
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AGENCY DATE Land Development, DPZ State Highways Building Official Dev. Engineering, DPZ Health 2/9/69	** PLEASE WRITE NE - FOR OFFICE SIGNATURE APPROVAL	Print Name Date F FINANCE OF HOWARD COUNTY EATLY AND LEGIBLY. ** CE USE ONLY- DPZ SETBACK INFORMATIO Front: Rear: Side: Side St.: All minimum setbacks met? YES □ NO □ Is Entrance Permit required? YES □ NO □	N PROPERTY ID#: Filing fee \$_ Permit fee \$_ Excise tax \$_ Add'I per, fee \$_ TOTAL FEES \$_ Sub-total paid \$_ Balance due \$_ Check #_	
AGENCY DATE Land Development, DPZ State Highways Building Official Dev. Engineering, DPZ Health 2/9/69 Fire Protection Is Sediment Control approval required prior to YES II NO II	** PLEASE WRITE NE - FOR OFFICE SIGNATURE APPROVAL SIGNATURE APPROVAL	Print Name Date FINANCE OF HOWARD COUNTY EATLY AND LEGIBLY.** CE USE ONLY DPZ SETBACK INFORMATION Front: Rear: Side: Side St.: All minimum setbacks met? YES □ NO □ Is Entrance Permit required? YES □ NO □ Historic District?	PROPERTY ID#: Filing fee \$	
AGENCY DATE Land Development, DPZ State Highways Building Official Dev. Engineering, DPZ Health 2/9/69 Fire Protection Is Sediment Control approval required prior to	** PLEASE WRITE NE - FOR OFFICE SIGNATURE APPROVAL SIGNATURE APPROVAL	Print Name Date F FINANCE OF HOWARD COUNTY EATLY AND LEGIBLY. ** CE USE ONLY- DPZ SETBACK INFORMATIO Front: Rear: Side: Side St.: All minimum setbacks met? YES □ NO □ Is Entrance Permit required? YES □ NO □	PROPERTY ID#: Filing fee \$	

White: Building Official

Green: LDD, DPZ

Yellow: DED, DPZ

Pink Health

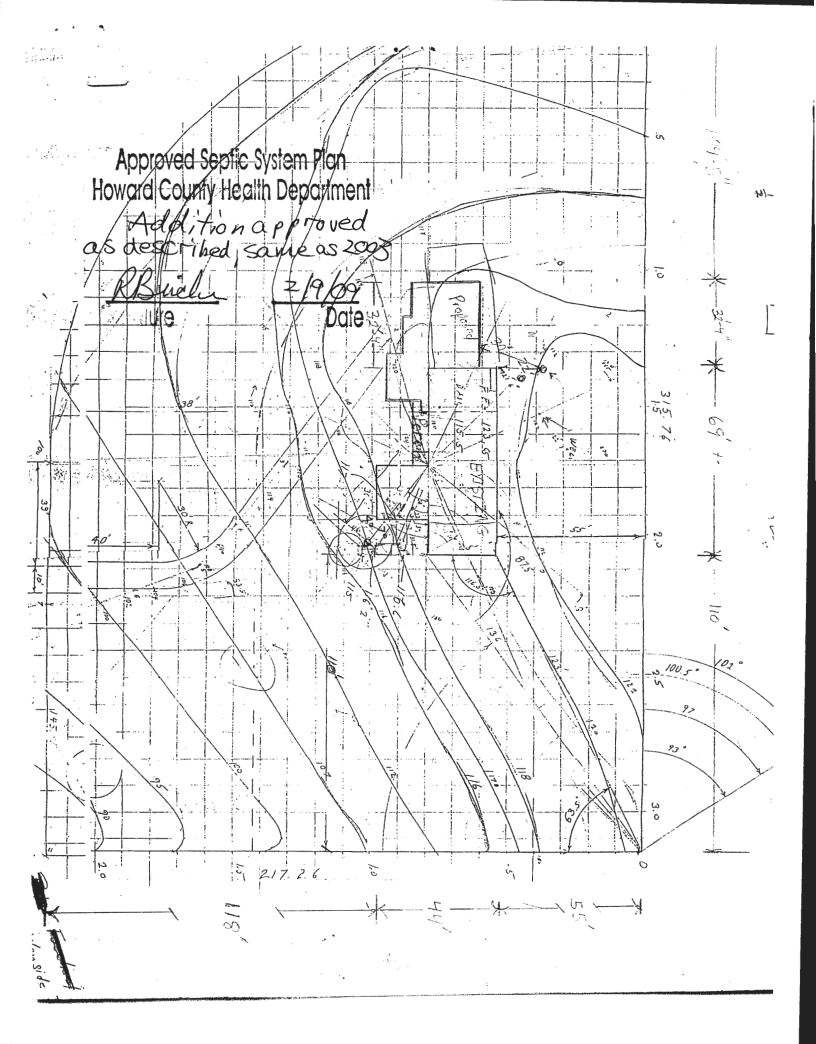
Gold: SHA

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Bureau of Environmental Health

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TDD (410) 313-2323 Toll Free 1-866-313-6300 website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

1/22/2009

TO:

Richard Armacost, owner

13850 Wayside Drive; Haviland Hills, Section 1, Lot 10; Tax Map 34, Parcel 220

FROM: Robert Bricker, R.S., Environmental Sanitarian

Well and Septic Program

RE:

Building Permit Application B09000031

Dear Mr. Armacost,

The Building Permit Application for 13850 Wayside Drive cannot be approved at this time. A Percolation Certification Plan is required for the subject property prior to Building Permit approval. This requirement is defined by Code of Maryland [COMAR, 26.04.02.02.D(4) and 26.04.02.02.J] and Howard County Code [3.805].

Health Department records indicate that percolation tests were conducted at two locations on your lot in 1964, and that a dry well was installed near one of these locations in 1972. In 2003 a repair system was installed that incorporated the original dry well in its design. Howard County Code, effective January 2, 2007, requires that your lot have a septic easement large enough to accommodate an initial septic system and 2 repair systems [3.805(A)(2)(X)].

Section 3.805(A)(2) describes all content required for a Percolation Certification Plan to be approved by the Health Officer. Additional percolation tests will likely be required to define the area needed. Submittal of floor plans for the entire residence is also required.

You may contact me at the Bureau of Environmental Health, 410-313-2691 to discuss your questions concerning these contents.

RB

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